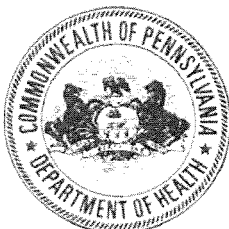


This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with the Vital Statistics Law of 1953, as amended.

WARNING: It is illegal to duplicate this copy by photostat or photograph.



Audrey C. Marrocco

Audrey C. Marrocco
State Registrar

10303615

No.

October 3, 2017

Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

046870

51001

CERTIFICATE OF DEATH

PRIMARY DIST. NO.

STATE FILE NO.

1. Name of deceased (First, Middle, Last) Rev. CARRIE L. LOFTON		2. Sex F	3. Date of death (Mo., Day, Yr.) 5-8-79
4. Race - (e.g., White, Black, American Indian, etc.) B.	5A. Age last birthday (Yrs., Mos., Days) 44	5B. If under 1 yr. Mos. Days	5C. If under 1 day Hours Min.
6A. Date of birth (Mo., Day, Yr.) 3/7/05	6B. State or foreign country of birth S.C.	6C. County of birth Monte	6D. City, Boro, or Twp. of birth Monte
7A. PHILA	7B. PHILA	7C. ST JOSEPH'S	
8. Mailing Address (Street or RFD No.) 1320 N. 18th St.		9. (City or Town) (State) (Zip Code) PHILA. PA. 19121	
10. Citizen of what country? U.S.A.	11. Was decedent ever in US Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12. Social Security Number WAK	13. Usual Occupation (Kind of work done during most of working life) MINISTER-MACHINE OPER.
14. Where did deceased actually live? a. State Pa. b. County PHILA		15. Did deceased live in a township? <input type="checkbox"/> Yes, deceased lived in _____ township. <input checked="" type="checkbox"/> No, deceased lived within actual limits of PHILA. city or boro.	
16. Father's name (First, Middle, Last) DORSEY		17. Mother's maiden name (First, Middle, Last) IDA DORSEY	
18A. Informant's name (Type or Print) IDA L. MAYFIELD		18B. Informant's Mailing address (Street or RFD No.) (City or Town) (State) (Zip Code) 1320 N. 18th St. PHILA PA. 19121	
19A. <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal	19B. Date of burial, etc. 5/12/79	19C. Name of cemetery or crematory GREENMOUNT CEM.	
20A. Signature of funeral director and license number <i>Beatrice L. Perry</i>		20B. Name and address of funeral establishment Beatrice L. Perry F.H. 2057-59 N. Oxford St. Phila. Penna. 19121	
21A. Registrar's Signature <i>Audrey C. Marrocco</i>		21B. Date MAY 10 1979	
22A. Signature of certifier (Physician, Medical Examiner or Coroner) (print or type) Elsie H. Chu M.D.		22B. Date Signed (Mo., Day, Yr.) 5-8-79	
22C. Hour of Death 3:40 P.M.		22D. A.M. or P.M. P.M.	
23A. Signature of attending physician <i>Philip H. Chu</i>		23B. Date Signed (Mo., Day, Yr.) 5-8-79	
23C. Hour of Death 3:40 P.M.		23D. A.M. or P.M. P.M.	
24. Immediate cause: (A) Cardio-Respiratory arrest (B) myocardial infarction or C.V.D. (C) Arteriosclerotic heart disease		25. Interval between onset and death 10 min. 30 min. 1 hr.	
26. Part II. Other Significant Conditions - Conditions contributing to death but not related to cause given in Part I (a)			
27. Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No		28. Was case referred to Medical Examiner or Coroner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
29A. Injury at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		29B. Date of Injury (Mo., Day, Yr.) 5-8-79	
29C. Hour of Injury 3:40 P.M.		29D. Describe how injury occurred	
29E. Place of injury (At home, farm, street, etc.) PHILA.		29F. Location (Street or RFD No.) (City, Boro, or Twp.) (State) PHILA. PA.	